

APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9887

State File No.

1321

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Kansas City General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 23 days
(Specify whether
In this community 45 Years
years, months or days)

8. (a) PRINT FULL NAME Mrs. Stella Davis Pigott

8. (b) If veteran, name war None
8. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. David P. Pigott
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased April 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 8 -- hr. -- min.

9. Birthplace Lineville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER { 12. Name Greene L. Davis
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Mary Adair
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Joe R. Davis
(b) Address Northview 116

17. (a) Removal (b) Date thereof Mar. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Northview, Missouri

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 25, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3916 Euclid Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1940 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from --, 19--, to --, 19--;

that I last saw him alive on --, 19--, and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral broncho pneumonia Duration

Due to Adeno carcinoma of the uterus

Due to 47

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations --
Of autopsy --
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) --
(b) Date of occurrence --
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? --

While at work -- (Specify site of place) (Specify means of injury) 5
23. Signature W. H. Buhler (M. D. or other) --
Address K.C. Mo Date signed --

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

E. M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.